

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	DO NO.	DATE
FEE DETERMINATION	Rm		5017-01
O.I.P.E. CLASSIFIER			10/17/01
FORMALITY REVIEW	FR	1018	11/30/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-rejected
 □ Allowed I Insert date
 - (Through numeral) Canceled A Action
 + Restricted O Other

Claim	Date
Final	
Original	
1	✓ 4/2/01
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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501
1/3/01